Fee Schedule Request Form

There is no charge for fee schedules requested from the Division of Medical Assistance (DMA). . **Providers are expected to bill their usual and customary rate.** Please note that fee schedules change regularly and you will be provided the most current version upon the receipt of your request.

All requests for fee schedules **must be made** on the Fee Schedule Request form and mailed to:

Division of Medical Assistance
Finance Management/Rate Setting - Fee Schedules
2501 Mail Service Center
Raleigh, N. C. 27699-2501

Or **fax** your request to DMA's Finance Management/Rate Setting section at **919-715-2209**.
Please note that many fee schedules can be directly accessed and obtained at our website www.dhhs.state.nc/dma. If you can not get your schedule then submit this form.

NOTE: PHONE REQUESTS ARE NOT ACCEPTED

- ☐ Adult Care Homes Personal Care Services (ACH-PCS)
- ☐ Ambulance
- ☐ Community Alternatives Program (CAP-MR/DD, CAP-AIDS, CAP-DA, CAP-C)
- ☐ Dental
- ☐ Durable Medical Equipment
- ☐ Health Department
- ☐ Home Health
- ☐ Home Infusion Therapy
- ☐ Hospice
- ☐ Licensed Clinical Social Worker
- ☐ Licensed Psychologist
- ☐ Nurse Midwife
- ☐ Occupational Therapist
- ☐ Orthotics and Prosthetics
- ☐ Physical Therapist
- ☐ Physician Fees (includes x-ray and laboratory, nurse midwife, optical)
- ☐ Respiratory Therapy
- ☐ Speech Therapy

Name(Provider/Facility): _____ Provider Type: _____

Address: _____ Provider #: _____

_____

_____

E-Mail Address_____

Contact Person: _____ Phone: _____

Date of Request: _____

Format of fee schedule requested (circle one of each) **Emailed** or **Disk copy** / **Excel** or **Adobe version**